

MAINE DEPARTMENT OF EDUCATION
Augusta, Maine 04333

LISBON SCHOOL DEPARTMENT
HOME LANGUAGE SURVEY

STUDENT'S NAME _____

GRADE _____ SCHOOL DISTRICT _____ DATE _____

Please answer each question by putting the appropriate number in the box at the end of each question. If you answer "10. Other," please specify the language.

1. What language do you **MOST OFTEN** use when speaking to your child?

1. English	4. Vietnamese	7. Spanish
2. French	5. Arabic	8. American Sign
3. Passamaquoddy	6. Khmer	9. Somali
10. Other (specify) _____		

2. What language did your child **FIRST** learn to speak? 1 2 3 4 5 6 7 8 9 10

3. What language does your child **MOST OFTEN** use when speaking to brothers, sisters, and other children at home? 1 2 3 4 5 6 7 8 9 10

4. What language does your child **MOST OFTEN** use when speaking to you and other adults in the home? (grandparents, aunts, uncles) 1 2 3 4 5 6 7 8 9 10

5. What language does your child **MOST OFTEN** use when speaking with friends or neighbors **OUTSIDE** the home? 1 2 3 4 5 6 7 8 9 10

This survey, approved by the U.S. Office for Civil Rights, is available in these languages at <http://www.maine.gov/education/esl/requr.htm>.

French	Khmer	Passamaquoddy	Chinese	Dari	Polish	Greek
Spanish	Lao	Vietnamese	German	Russian	Amharic	Somali

TO THE TEACHER:

1. If you have observed this student use a language other than English, please indicate other language here:

2. Was the child's first language development interrupted at some point in time due to adoption, relocation of family or similar event that might suggest second language usage? ___Yes ___No

If a student is Language Minority, please forward a copy of this survey to the ELL Consultant in your building.
Place the original survey *for each student* in his/her permanent record folder.

Adopted: December 12, 2005

Revised: May 8, 2006

Reviewed: February 12, 2007

Reviewed: March 08, 2010

Reviewed: April 08, 2013

Reviewed: May 09, 2016